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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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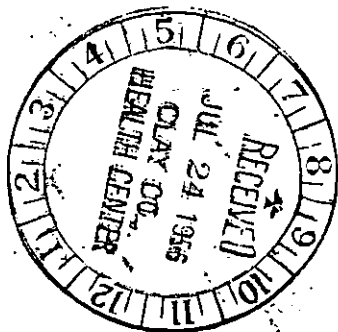
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STANDARD CERTIFICATE OF DEATH

4134 STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Platte City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Length of stay in hospital <u>Smithville Community Hosp. 16 days</u>		d. STREET ADDRESS <u>17th. 2</u> (If outside above location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Theodore Peterson</u> First Middle Last		4. DATE OF DEATH <u>July 7-1956</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 9-1872</u>
9. AGE (In years, if under 1 year, give months, days, hours, minutes) <u>84</u>		10. AGE (If under 24 hrs.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>	
11. BIRTHPLACE (City and state or country) <u>Smoland Sweden</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>dont. know.</u>		14. MOTHER'S MAIDEN NAME <u>Anna Louise Peterson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <u>no</u> (If yes, give date or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Edith Peterson</u> Address <u>Platte City, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>15 years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>6-22-56</u> to <u>7-7-56</u> and last saw her/him alive on <u>7-7-56</u> . Death occurred at <u>10:47 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Delbert H. Brady M.D.</u>		22b. ADDRESS <u>Smithville, Mo</u>	
22c. DATE SIGNED <u>7-10-56</u>			
23a. RITUAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		23b. DATE <u>July 10-56</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Second Creek</u>		23d. LOCATION (City, town, or county) (State) <u>Smithville Mo</u>	
24. FUNERAL DIRECTOR <u>Leland H. Francis</u> ADDRESS <u>Paris, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-56</u>	
26. REGISTRAR'S SIGNATURE <u>Marguerite Ludgens</u>			



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland H. Francis*.....

Licensed Embalmer No. *34*.....

P. O. Address *Parkville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.